## DEPARTMENT OF RECREATION

## GROUP PICNIC PERMIT APPLICATION

281 Midland Ave., Rye, NY 10580

PERMIT# Picnic Date:	To:To:
Name:	PAYER:
Please enclose photo of drivers lid	
Address:  Proof of Residency required.	
Phone: Home:	Work:
Organization/Company Name:	
	) LOWER PICNIC GROVE (Limit150)
Estimated Attendance: Adults	Children (17 & under)
OPTIONAL SERVICES (WILL   Alcohol Beverage (Beer/Wine Only)	REQUIRE SEPARATE PERMIT AND FEES Basketball Court
Field Permit	Tennis Court
(Special Requests	s may result in additional fees.)
Method of Payment: [ ]Check (Please make [ ] Master Card [ ] Vi	
Credit Card Number:	
Expiration Date:/ Signature:	
For o	ffice use only
Reservation made on:	
Deposit:	
50%due at time of reservation. Receipt Nalance Due	No. Date
Two weeks prior to the event.	Receipt No. Date

Person taking the reservation: